

Youth Registration and Waiver Form

Optical Optimism Leadership Conference Registration August 28th | Arizona Western College | Yuma, AZ

Please complete both pages of the registration form. Please complete a separate registration form for each youth.

Youth's First Name:	Middle Name:	Last Name:
Date of Birth:	Grade in Fall 2025:	Youth Emergency Contact:
Youth's Home Address:		City & State:
Zip Code	Parent/Guardian's Email:	

Please Note

A youth cannot be accepted for participation in the Optical Optimism Leadership Conference unless the permission form below is signed by the youth's parent/guardian and is complete.

Youth Release

I understand that this is a voluntary service that is provided by Dusek Vision Media LLC, but the continued care and well-being of my youth is still my sole responsibility. Therefore, in consideration of your providing this service, I hereby release, discharge, and hold and save harmless Dusek Vision Media LLC, the Arizona Western College, their respective officers, directors, employees, and agents, and each of them from and against any and all liability, claims, and damages resulting in any way from my youth participating in or otherwise being permitted to participate in the Leadership Conference. I understand that it is still my responsibility for the safety and health of my youth, even though he/she may be a participant in the Leadership Conference. I hereby authorize Dusek Vision and program sponsors, in the event of misconduct, emergency, accident, or illness, to take whatever steps they deem necessary or appropriate, including obtaining medical or emergency treatment for my youth. In the event of misconduct, I understand my youth may be removed and may not be allowed to further participate in the program. Any costs incurred as a result of misconduct, emergency, or illness shall be paid or reimbursed by me.

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Liability Waiver

I understand and acknowledge that participation in the event may involve a risk of injury. I hereby release, waive, and hold harmless Dusek Vision Media LLC and Arizona Western College, its staff, volunteers, and venue partners from any and all liability, claims, demands, or causes of action related to any loss, damage, or injury that may occur while participating in the event.

Photo & Media Release

I grant permission for my child's image, voice, or work to be used in photos, videos, or other promotional materials for marketing or documenting the event.

☐ Yes ☐ No

Code of Conduct Agreement

I understand that students are expected to act respectfully and follow all rules set by the organizers. Inappropriate behavior may result in removal from the event without refund or further participation.

Emergency Treatment

I hereby give my permission for any/all emergency treatment deemed necessary by a licensed practitioner for my child during the Optical Optimism Leadership Conference on August 28th, 2025. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any/all treatment deemed necessary by a licensed practitioner. I authorize the transportation of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of one other physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Comments on emergency treatment restrictions (if any): _____

Print Parent/Guardian Name:	Parent's/Guardian's Signature:	Date:
Print Youth Name:	Youth Attendee Signature:	Date: